

*For the library*

*Devon*

**CREDITON RURAL DISTRICT COUNCIL.**

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**Annual Report**  
OF THE  
**Medical Officer**  
**Of Health.**

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**FOR THE YEAR 1911.**



To the Crediton Rural District Council.

GENTLEMEN,

I beg to present my annual report for the year 1911.

**Births & Deaths.**

The number of births registered during the year was	...	...	...	214
The birth rate for 1911	...	...	...	19.5
The birth rate for 1910	...	..	...	20.7
The average birth rate for the previous ten years	...	..	...	20.4
The number of deaths registered during the year, including seven deaths transferred from other districts	...	...	...	119
Death rate for 1911	...	...	...	10.8
Death rate for 1910	...	...	...	10.9
The number of deaths of children under twelve months of age registered during the year	...	...	...	18
The rate of infant mortality for 1911	...	...	...	83.9
The rate of infant mortality for 1910	...	...	...	55
Average rate of infant mortality during the previous ten years	...	...	...	75.9

Of the deaths registered in the district, 5 were due to pulmonary tuberculosis, 4 being due to bronchitis, 5 due to different forms of pneumonia, and 8 due to cancer. One other death was due to tuberculosis, though not of the pulmonary variety.

**Zymotic Diseases.**

Six deaths were due to measles, three due to diphtheria, two due to whooping cough, two to influenza, and one each to enteric fever and cerebro-spinal fever.

Twenty-five cases of diphtheria were notified in the district during the year, so that the percentage of deaths due to this disease was 12, this being about the average. Of the three cases that died, one was a child who had the disease for several days before a doctor was called in, so that there was no chance of giving the antitoxin early, and probably little good was done by giving antitoxin to this child. As we look at the rather serious outbreak of diphtheria that occurred at Hookway during the year, one can be very thankful that the Diptheria Antitoxin Order of 1910 was adopted in the district, as by this means all cases were provided with antitoxin free of charge to the patients. If we review the above statistics for a moment, we shall notice that the death rate for last year was very low indeed, but the rate of infant mortality was considerably higher than in the preceding year. This increase in the infant mortality was probably due to the exceptionally hot and dry summer, when infantile diarrhoea is very prevalent. Only five deaths were due to pulmonary tuberculosis last year, as compared with nine during the previous year, this being a distinct improvement.

**Notifications of Infectious Diseases.**

Forty-three cases of infectious diseases were notified during the year, of which twenty-five were cases of diptheria. Only six cases of scarlet fever were notified, and eight cases of pulmonary tuberculosis. The epidemic of diptheria in the district has been rather marked, but of the twenty-five cases notified, twenty-four occurred in the Hookway district, of which twenty-three were actually in the village of Hookway. Most of these cases were confined to the upper part of the village, and undoubtedly infection spread directly from one case to the other, as there was no common source of origin. The supply of water has been plentiful during the whole of the year, in spite of the drought, and the milk supply comes from two sources, both of which are very good. No case of the disease occurred among the people working in either of these dairies.

The water from the different sources in the village has been tested on several occasions lately, and has always been found to be fairly good.

At the beginning of the epidemic two cases were sent to the Fever Hospital at Exeter, but when I applied to send further cases, I was informed that there was no more room. Some arrangement has been made some years ago for sending cases of infectious disease to the Exeter Fever Hospital, if necessary, and the above statement shows that enough beds are not provided there for our wants. On this point I have more to say later on in my report.

The original case was probably imported into the district, as diphtheria has been fairly prevalent in all parts of the country lately. With regard to pulmonary tuberculosis, cases resident in public institutions have been made compulsorily notifiable during the year, and on January 1st, 1912, all cases of this disease were made compulsorily notifiable, thus completing a most important step in the eradication of the disease.

### **Population.**

The total population of the Crediton Rural District at the Census of 1911 was 10,919, showing a decrease of 407 from the estimated population of the previous year, and a decrease of 581 from the population of ten years ago.

The acreage of the District is 93,508.

The occupation of the population in this district is almost entirely confined to agriculture.

### **Housing Accommodation.**

There is a sufficient supply of housing accommodation for the inhabitants of the district, and plenty of open space about the houses. Most of the cottages are in fairly good condition, but there still remain some with unsatisfactory floors to some of the rooms.

The window space in many cases is inadequate, and in a majority of the cottages there is no fireplace in any of the bedrooms, which means that old people with bronchitis, especially in severe weather, cannot be properly cared for in these cases.

Surely some bye-laws should be made with regard to the proper provision of fireplaces in bedrooms in cottages that are being built in the district ; no such bye-laws exist at the present time.

Many old houses have been satisfactorily renovated during the year, and one new house has been erected in the district.

Two houses have been condemned as unfit for human habitation, both of which have been closed.

With regard to the inspection of the houses in the district, no one has been appointed by the Council to carry out the house to house inspection, and at the present time this is not being done as efficiently as it might be.

### **Water Supply.**

Bow and Zeal Monachorum, both of which have a plentiful supply of pure wholesome water, are the only two places that are not dependent on wells for their water supply ; a great many of the wells in the district are liable to pollution, as they are open dipping wells, and pumps should be provided in many more instances.

Samples of water from different wells are constantly being tested, and of 18 samples that have been tested recently, ten were found to be polluted, most of them with vegetable matter. In most of these cases the wells have been thoroughly cleaned out, and the water rendered usable. With regard to the village of Morchard Bishop, the water supply is not all that might be desired, though it has been somewhat improved during the year.

A Sub-Committee of the Council was appointed to inspect the water supply of the village, to whom I pointed out the defects, and at the same time I suggested a scheme for supplying the upper part of the village with splendid water, obtainable from the same springs that supply the lower part of the village. This scheme was not adopted, however.

The water supply of the cottages in the lower part of Poughill has been much improved by proper protection of the wells from pollution. The water supply of Cheriton Fitzpaine and Stockleigh Pomeroy are to receive attention in the near future.

### **Milk Supply.**

The number of registered dairies and milkshops in the district is 37. All these dairies have been inspected, and in many cases there might be improvement in the cleanliness of them ; it is no uncommon thing to find the dairy turned into a general store-closet for food of all sorts. Most of the cowsheds are still not in accordance with modern requirements, and in some cases there is insufficient airspace for the number of cows kept in the sheds.

### **Bakehouses.**

There are 22 bakehouses in the district, all of which have been inspected. In three of these defects were pointed out, which have since been remedied.

In some cases the walls might be kept cleaner.



## **Sewerage.**

In some villages the drainage is unsatisfactory, particularly in the case of Newton St. Cyres, which is to receive attention soon. The last section of the new sewer has been laid at Cheriton Fitzpaine, and a new sewer has also been laid at the bottom of Morchard Bishop village.

## **Excrement Disposal.**

Throughout the district generally, the pail system is in vogue, but in some of the villages there are water closets, viz., Bow, Coleford, Morchard Bishop, Lapford and Cheriton Fitzpaine.

The pail system in Hookway was found to be in a very bad state, and this village has been refurnished throughout with good closets, and fresh pails.

Fifteen private housedrains in the district have been connected with sewers and several housedrains have been repaired and put in good order.

The sanitary arrangements in the various Railway Stations have been inspected, and have been found to be satisfactory.

## **Nuisances.**

Thirteen complaints of nuisances have been received.

63 notices have been sent out for the abatement of nuisances, 49 of which have been abated.

Four houses have been reported for overcrowding, and in each case this has been remedied.

## **Schools.**

There are twenty schools in the district, all of which have been inspected. At the Morchard School the sanitary arrangements were not very good, and have been improved, but there still exists a urinal in the boys' side of the school, which is essentially bad in construction, and although I have condemned the same, and the County Medical Officer too, nothing has been done to remedy it. This should be done as soon as possible, as the present arrangement certainly is a nuisance, and will be especially so in hot weather.

## **Method of dealing with Infectious Diseases.**

In cases where it is possible, the patients are isolated in their own houses in the usual way.

It is impossible to satisfactorily isolate cases in the majority of the cottages in the district, and it is quite time that this fact was properly appreciated.

As a rule infection does not spread in the case of isolated farm houses, but where infectious diseases exist in the cottages in villages, there is nearly always a spread of infection from one house to the other.

A very good example of this has been witnessed in the epidemic of diphtheria that has recently occurred at Hookway, where almost every house in the village has had one or more cases.

However carefully the inhabitants of the village are instructed as to what they should do, they will not do it, either because they do not take the trouble, or because they will not understand the dangers that exist.

Proper isolation, and therefore the prevention of the spread of disease can only be properly carried out by providing a Fever Hospital in the district, or making arrangements for the proper provision of a sufficient number of beds in some other Isolation Hospital.

If the first cases that occurred were promptly removed, the focus of infection would be removed, and the spread of the disease would in most cases be prevented.

I think that 16 beds should be provided to cope with the infectious disease in the district, and unless we can have the right to claim this number of beds in the Exeter Hospital at any time when we require them, we should most certainly provide an Isolation Hospital of our own, one which could be used for both the Urban and the Rural Districts.

The Urban Council already possess a site near the top of the town, which could be utilised for this purpose, and the cost of maintaining it should be divided between the districts in the proportion of their rateable values. On first mentioning this subject, I was at once met with the remark that most of the beds would generally be empty, and that there was not sufficient infectious disease in the district to keep the hospital open, but I have classified in the appended table all the cases that have occurred in the district during the last ten years, so that you can all see how much infectious disease may be expected on an average each year.

A movement is at present on foot for providing isolation accommodation in all parts of the County, but it has been found almost impracticable to include the Crediton District with any other than Exeter, so that unless we can claim sufficient room in their hospital, we must provide a hospital of our own.

The cases that have occurred during the last ten years are as follows :

Year	Scarlet Fever	Diphtheria	Typhoid Fever
1902	86	5	10
1903	21	6	4
1904	55	3	4
1905	128	4	11
1906	27	9	1
1907	37	41	2
1908	39	6	2
1909	18	13	5
1910	7	2	0
1911	10	30	3
Average	42.8	11.9	4.2

Children are not allowed to attend School from an infected house, and disinfectants are provided free of cost in cases where the people are too poor to provide for themselves.

The subsequent disinfection of the house or room is carried out when the infectious condition of the patient has ceased.

At the present time there is no provision for the disinfection of bedding and clothes from infected houses, and in some cases these are the fruitful source of further cases.

A proper disinfecting apparatus should be provided, which should be kept at the Isolation Hospital, should one be built. This should be provided, even if no hospital were built.

The cost of building and fitting up an Isolation Hospital is generally reckoned to be about £250 per bed.

### Bacteriology.

Advantage has been taken of the County Bacteriology on very many occasions during the year, and no doubt this has been a great help in getting rid of the diphtheria in the district for the present, as cases have been isolated as far as possible until swabs taken from the throats of patients have shewn a negative result on bacteriological examination.

### Methods of Control Tuberculosis.

Appended is a table giving the particulars of the accommodation provided for cases of pulmonary tuberculosis,

A great deal of good has been derived from this during the last year, but I should very much like these open air shelters moved up to the site at the top of the town, if an Isolation Hospital could be provided so that the two systems could be carried on on the same site, where plenty of room exists.

In this way a very much larger grant might be got from the fund set apart by the Chancellor of the Exchequer for the provision of Sanatoria for Consumption.

An agreement has been made with the Crediton Guardians to provide a sum of 10/- per week for each pauper patient treated in the Shelters, provided the cases are approved by them before being removed to the Shelters

I am, Gentlemen,

Yours faithfully,

LIONEL H. MOISER,

*M.O.H. Crediton Rural District.*

Appended are the various Statistical Tables.

TABLE I.

## Vital Statistics of Whole District during 1911 and previous Years

*Name of District—CREDITON RURAL.*

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.‡		NETT DEATHS BELONGING TO THE DISTRICT.				
		Uncor- rected Number	Nett.		Number. *	Rate.	Of Non- residents registered in the District †	Of Resi- dents not reg- istered in the District †	Under 1 Year of Age		At all Ages.	
			Number †	Rate.					Number *	Rate per 1,000 Nett Births	Number *	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906	11330	250		22·6	138	12·1		3	21	84	141	12·3
1907	11330	193		17·8	162	14·2		4	15	71	166	14·6
1908	11320	224		19·7	127	11·2		4	12	54	131	11·6
1909	11326	225		19·	154	13·6		12	17	78	166	14·4
1910	11320	235		20·7	117	10·3		7	13	55	124	10·9
1911	10919	210	214	19·5	112	10·2		7	18	83·9	119	10·8

NOTES.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick and infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

\* In Column 6 are to be included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are to be similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, e.g., casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths :—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one Institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

Area of District in acres (exclusive of area covered by water).		Total population at all ages—10,919		} At Census of 1911.
93508		Number of inhabited houses _____		
		Average number of persons per house _____		



TABLE II.

## Cases of Infectious Disease notified during the Year 1911

*Name of District—CREDITON RURAL DISTRICT.*

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY ( <i>e.g.</i> Parish or Ward) of the District.							TOTAL CASES REMOVED TO HOSPITAL.
	At all ages.	At Age—Years.							1	2	3	4	5	6	7	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.								
Small-pox ...	...	...	...	...	...	...	...	...	Cherton	Morch'rd	Bow.	Crediton	...	...	...	3 Removed to Exeter Sanatorium
Cholera ...	...	...	...	...	...	...	...	...	Fitzpaine	...	...	...	...	...	...	
Diphtheria (including Membranous croup)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Scarlet fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Typhus fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Enteric fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Relapsing fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Continued fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Puerperal fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Plague ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Under Tuberculosis Reg- ulations, 1908	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Under Tuberculosis Reg- ulations, 1911	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Others ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Totals ...	43	...	2	22	12	6	1	...	1	2	...	24	...	...	...	

NOTES—State in space below the name and position within or without the district of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent, the accommodation available for the district afforded by it, and the name of the authority by whom the hospital is provided.

\* This space may be used for record of other diseases the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.



## Causes of, and Ages at Death during the Year 1911.

Name of District—CREDITON RURAL DISTRICT.

[illegible]

### Causes of, and Ages at Death during the Year 1911.

[illegible]

## Causes of, and Ages at Death during the Year 1911.

## Causes of, and Ages at Death during the Year 1911.

[illegible]

## Causes of, and Ages at Death during the Year 1911.

Name of District—CHERITON FITZPAINE SUB-DISTRICT.

[illegible]



## Causes of, and Ages at Death during the Year 1911.

## Causes of, and Ages at Death during the Year 1911.

[illegible]

TABLE IV.  
CREDITON RURAL DISTRICT.  
Infant Mortality.

1911—Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year.
All causes. Certified.	5				5	1	2	4	5	17
Small-pox ... ..										
Chicken-pox ... ..										
Measles ... ..								1	2	3
Scarlet fever... ..										
Diphtheria and Croup ... ..										
Whooping-cough ... ..							1	1		2
Diarrhœa ... ..										
Enteritis ... ..						1				1
Tuberculous Meningitis ... ..								1		1
Abdominal Tuberculosis ( <i>b</i> ) ... ..										
Other Tuberculosis Diseases ... ..										
Congenital Malformations ( <i>c</i> ) ... ..	1				1					1
Premature birth ... ..	4				4					4
Atrophy, Debility and Marasmus ... ..								1	1	2
Atelectasis ... ..										
Injury at birth ... ..										
Erysipelas ... ..										
Syphilis ... ..										
Rickets ... ..										
Meningitis ( <i>not Tuberculosis</i> ) ... ..										
Convulsions ... ..							1			1
Gastritis ... ..										
Laryngitis ... ..										
Bronchitis ... ..									1	1
Pneumonia (all forms) ... ..									1	1
Suffocation, overlying... ..										
Other causes ... ..										

Nett Births in the year { legitimate, 208  
illegitimate 6

Nett Deaths in the year of { legitimate infants 18  
illegitimate infants, none

CREDITON URBAN AND RURAL DISTRICTS.

PHTHISIS: SANATORIUM AND HOSPITAL ACCOMMODATION.

Classes for which accommodation is provided	By whom provided.	Where situated.	Total number of Beds.	How are patients selected.	Are patients under the care of a resident Medical Officer ?	What charge, if any, is made for the use of Beds ?	Do the Sanitary Authority use— (1) their Isolation Hospital, or (2) their Small-pox Hospital, for cases of Phthisis ?	Do the Sanitary Authority reserve Beds in any Phthisis Sanatorium : If so, how many, and in what Sanatorium ?	Do the Sanitary Authority provide portable open-air Shelters or Tents ?
(a) Early cases.	Crediton and District Anti-Consumption Association.	Crediton.	10	Recommended by their own Medical attendants.  Received by the Committee of Association.	Under the care of their own Medical attendants	10/- a week or less for patients in group of shelters in Crediton.  2/6 a week or less for portable shelter at home	The Sanitary Authority has no Isolation Hospital.	No	Four or five portable Shelters provided by the same Association for loan or hire.
(b) Intermediate cases.									
(c) Advanced cases.	Portable Shelters lent out for small charge for advanced cases at their own homes.								

